U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 236			2. Fiscal Year Covered From:				
			7/7/5	Through:	137	10004	
Name and address of person filing.		4. Name, file number, and address of labor organization.					
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		Labor	Organization File Nur	mber col-9	49		
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ame and address of Employer (include	ing trade name if any)	7.a. Nat	ure of Interest, Transa	action, or Income.			
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5. Signature and verification. The unubmitted in this report (including the intendersigned's knowledge and belief, true	Signormation contained in any accompan	f Perjury an lying docum ection on pe	ents), has been exam	nined by the signat	tory and is, to the	e best of the	
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Name of Person Filling Sillian & Shapeton b		File Number U- 26	246				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Shifted the Good Trade Name, if any: P.O. Box, Bldg., Room No., if any Shifted Street Shifted Street Shifted Street Shifted State Shifted State Shifted State Shifted State Shifted Sh	9. Business deals with: X a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Ham for X-mas Holiday						
Street	11.b. Approximate dollar value	ue of such dealing	4)00.00				
City	12.a. Nature of interest held or income received.						
State ZIP Code + 4							
	12 h Amount						
	12.b. Amount.						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.						

period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date

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